Fill in this information to identify your case:		Intered 04/17/19 16:06:46	Page 1 of 70
United States Bankruptcy Court for the:			
Northern District of Texas			
Case number (<i>If known</i>):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13		☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Haji First name Bhoy Middle name Sharif Last name Suffix (Sr., Jr, II, III)	Gulbanoo First name H. Middle name Sharif Last name Suffix (Sr., Jr, II, III)
2.	All other names you have used in the last 8 years Include your married or maiden	First name	First name
	names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx- <u>4</u> <u>9</u> <u>0</u> <u>7</u> OR 9xx-xx- <u>—</u> — —	xxx-xx- <u>9</u> <u>8</u> <u>9</u> <u>3</u> OR 9xx-xx

Case 19-31335-bih Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 2 of 70

 Gulbanoo
 H.
 Sharif
 Case number (if known)

 First Name
 Middle Name
 Last Name

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	☑I have not used any business names or EINs.	☑I have not used any business names or EINs.
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		448 Hayden Drive Number Street	Number Street
		Lewisville, TX 75067	
		City State ZIP Code	City State ZIP Code
		Denton County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing <i>this</i> district to file for bankruptcy	Check one:	Check one:
		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408)

Case: 19-31335-bih7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 3 of 70

Debtor 1	Corragi 10 0100	о вноў вост	THE Sharif I I I I	Entered 04/11/13 10:00:40 1 age 0 01 70
Debtor 2	Gulbanoo	H.	Sharif	Case number (if known)
	First Name	Middle Name	Last Name	Caso Hallison (ii Milomi)

Par	t 2: Tell the Court About Yo	ur Bank	ruptcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under	(Form B2		ription of each, see <i>Notice R</i> e top of page 1 and check the			als Filing for Bankruptcy
8.	How you will pay the fee	about order a production of the your linear that	It how you may pay. T r. If your attorney is s e-printed address. ed to pay the fee in it r Filing Fee in Installiquest that my fee be s not required to, wai applies to your family	when I file my petition. Please Typically, if you are paying the submitting your payment on your installments. If you choose the ments (Official Form 103A). It waived (You may request the your fee, and may do so by size and you are unable to prove the Chapter 7 Filing Fee Invertible 1	fee yourself, your behalf, your his option, sign s option only if nly if your incor ay the fee in in:	u may pay with cash, cashie attorney may pay with a cre and attach the <i>Application for the stallments</i> . If you choose the	or's check, or money dit card or check with or Individuals to Pay By law, a judge may, official poverty line is option, you must fill
9.	Have you filed for bankruptcy within the last 8 years?	☑No. ☐Yes.	District	V	When	/ YYYY Case number / YYYY Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑No. ☐Yes.	District	Whe	MM / DD / Y	Relationship to yo Case number, if kn	u own u own
11.	Do you rent your residence?	☑ No.	No. Go to line	nitial Statement About an Evic		Against You (Form 101A) an	d file it as part

Case 19-31335-bih 7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 4 of 70 Gulbanoo H. Sharif

DCD				Onani			Case number (i	f known)	
	First Name	Middle	Name	Last Name					
Dor	t 3: Report About Any Busin		Val. Ov	un oo o Colo Dr	anriator				
Par	t 3. Report About Any Busin	esses	You Ov	wn as a sole Pr	oprietor				
		√ No	o. Go to F	Part 4.					
12.	Are you a sole proprietor of any full- or part-time business?		oc Nama	and location of busi	2000				
	·	— 16	s. Mairie	and location of busi	1622				
	A sole proprietorship is a business you operate as an individual, and is	No.	mo of hu	siness, if any					
	not a separate legal entity such as	INC	anie oi bu	siness, ii any					
	a corporation, partnership, or LLC.	- Nı	ımber	Street					
	If you have more than one sole	140	illipei	Street					
	proprietorship, use a separate sheet and attach it to this petition.	_							
		_							
		Cit	ty			State	ZIP Code		
		C	heck the a	appropriate box to d	lescribe your	business:			
			1 Health	Care Business (as	defined in 11	U.S.C. § 101(27A))			
			Single	Asset Real Estate (as defined in	11 U.S.C. § 101(51B	3))		
			3 Stockb	roker (as defined in	11 U.S.C. § 1	I01(53A))			
			Comm	odity Broker (as defi	ned in 11 U.S	S.C. § 101(6))			
			None o	of the above					
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	deadlin operation operation 11 U.S. 11 U.S. 12 No.	nes. If you cons, cash .C. § 1110 c. I a Bass. I a	u indicate that you ar n-flow statement, and 6(1)(B). Im not filing under C Im filing under Chap ankruptcy Code. Im filing under Chap ode.	e a small bus d federal inco hapter 11. ster 11, but I a ster 11 and I a	am NOT a small busir am a small business d	et attach your most root of these document of these document ness debtor accordin	ecent balance is do not exist, ing to the definithe definition in	sheet, statement of follow the procedure in tion in the
		√ No	о.						
14.	Do you own or have any property that poses or is	☐ Ye		at is the hazard?					
	alleged to pose a threat of			_				,	
	imminent and identifiable hazard to public health or			_					
	safety? Or do you own any								
	property that needs immediate attention?		If im	mediate attention is	needed, why	is it needed?			<u> </u>
	For example, do you own perishable goods, or livestock that								
	must be fed, or a building that needs urgent repairs?		Whe	ere is the property?					
	neeus urgent repairs?				Number	Street			
					City			State	ZIP Code

Case 19-31335-bip Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 5 of 70

Gulbanoo H. Sharif Case number (if known)

First Name Middle Name

Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi
counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about cred	it
counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-31335-bih 7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 6 of 70

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ebtor 2	Gulbanoo	H.	Sharif	Case number (if known)
	First Name	Middle Name	Last Name	odoo Harrisor (ii Milowii)

Par	t 6: Answer These Quest	ions for	Reporting Purposes			
16.	What kind of debts do you	16a.		onsumer debts? Consumer personal, family, or househol		U.S.C. § 101(8) as "incurred by
	have?		☐ No. Go to line 16b.			
			✓ Yes. Go to line 17.			
		16b.			•	ncurred to obtain money for a
				nrough the operation of the bu	usiness or investment.	
			☐ No. Go to line 16c.			
			Yes. Go to line 17.			
		16c.	State the type of debts you	owe that are not consumer de	bts or business debts.	
17.	Are you filing under Chapter	7?	No. I am not filing under 0	Chapter 7. Go to line 18.		
	Do you estimate that after an exempt property is excluded and administrative expenses	√ √		oter 7. Do you estimate that a at funds will be available to d		ty is excluded and administrative creditors?
	are paid that funds will be available for distribution to unsecured creditors?		Yes			
		Ŋ	1-49 🔲 50-99	1,000-5,000 🗖 5,	001-10.000	25,001-50,000 50,000-100,000
18.	How many creditors do you estimate that you owe?		100-199 200-999	10,001-25,000		More than 100,000
			\$0-\$50,000	□ \$1,000,001-\$10 m	illion	\$500,000,001-\$1 billion
19.	How much do you estimate		\$50,001-\$100,000	□ \$10,000,001-\$50 r	million	\$1,000,000,001-\$10 billion
	your assets to be worth?		\$100,001-\$500,000	\$50,000,001-\$100	million	\$10,000,000,001-\$50 billion
		√	\$500,001-\$1 million	\$100,000,001-\$50	0 million	More than \$50 billion
			\$0-\$50,000	\$1,000,001-\$10 m	illion	\$500,000,001-\$1 billion
20.	How much do you estimate your liabilities to be?		\$50,001-\$100,000	\$10,000,001-\$50 r	million	\$1,000,000,001-\$10 billion
	your nabilities to be?	√	\$100,001-\$500,000	\$50,000,001-\$100	_	\$10,000,000,001-\$50 billion
			\$500,001-\$1 million	\$100,000,001-\$50	0 million	More than \$50 billion
Par	t 7: Sign Below					
	5	e examine	ed this petition, and I declare	under penalty of perjury that t	he information provided	t is true and correct
	If I ha		•	n aware that I may proceed, it r each chapter, and I choose	•	r 7, 11,12, or 13 of title 11, United States oter 7.
		•	epresents me and I did not pa ead the notice required by 11	, , ,	ho is not an attorney to	help me fill out this document, I have
	I req	uest relief	in accordance with the chap	ter of title 11, United States C	Code, specified in this p	petition.
				cealing property, or obtaining onment for up to 20 years, or l		raud in connection with a bankruptcy case 1341, 1519, and 3571.
)	s/ Hai	i Bhoy Sharif		X /s/ Gulbanoo H.	Sharif
	•		by Sharif, Debtor 1		Gulbanoo H. Sharit	
		Execute	d on <u>04/17/2019</u> MM/ DD/ YYYY	-	Executed on 04/17/	2019 / DD/ YYYY

Case 19-31335-bib Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 7 of 70

Gulbanoo	H.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	Oddo Harrisor (ii kilowii)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David Shuster	Date 04/17/2019
David Shuster, Attorney	MM / DD / YYYY
David Shuster	
Printed name	
Shuster Law, PLLC	
Firm name	
860 Hebron Pkwy 402	
Number Street	
Lewisville	TX 75057
City	State ZIP Code
City	
City Contact phone (972) 315-6222 24037491	State ZIP Code

Till to this to form of the			<u> </u>	7/19 16:06:46	Page 8 of 70
-III in this information	n to identify your case	and this filing			· ·
Debtor 1	_Haji	Bhoy	Sharif		
	First Name	Middle N	lame Last Name		
Debtor 2	Gulbanoo	H.	Sharif		
Spouse, if filing)	First Name	Middle N	lame Last Name		
Jnited States Bank	cruptcy Court for the:		Northern District of Texas		_
Case number			_		Check if this is an amended filing
fficial Forr	m 106A/B				
	A/B: Prope	erty			12/1:
s best. Be as compace is needed, atta	plete and accurate as ach a separate sheet t	possible. If two	at an asset only once. If an asset fits in more than on two married people are filing together, both are equal on the top of any additional pages, write your name on the top of any additional pages, write your name	ally responsible for sup and case number (if k	pplying correct information. If more nown). Answer every question.
1.1 448 Hayd	is the property? Ien Drive ress, if available, or other	er	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building	amount of any sec	cured claims or exemptions. Put the cured claims on Schedule D: ave Claims Secured by Property.
Lowicville	o TV 75067		☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of tentire property?	the Current value of the portion you own?
City	e, TX 75067 State	ZIP Code	☐ Investment property		\$205,000.00
- 7			Timeshare		re of your ownership interest (such
Denton			☐ Other	estate), if known.	ancy by the entireties, or a life
County			Who has an interest in the property? Check one.	,	
			Debtor 1 only	Homestead	
			☐ Debtor 2 only☑ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Check if this is (see instruction	s community property ns)
If you own or have	e more than one, list he	re:			
1.2			What is the property? Check all that apply.	Do not deduct sed	cured claims or exemptions. Put the
Street address, if available, or other description		er	☐ Single-family home	amount of any sec	cured claims on Schedule D:
uescription			Duplex or multi-unit building	Creditors Who Ha	ave Claims Secured by Property.
			☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of tentire property?	portion you own?
,		710.0	☐ Land ☐ Investment property	unkı	nown unknown
City	State	ZIP Code	☐ Timeshare	as fee simple, tena	re of your ownership interest (suc ancy by the entireties, or a life
County			_	estate), if known.	
•			Who has an interest in the property? Check one.	Homestead	
			☐ Debtor 1 only ☐ Debtor 2 only		

Debtor 1 and Debtor 2 only

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

☐ At least one of the debtors and another

☑ Check if this is community property

\$265,000.00

(see instructions)

Debtor 1 Debtor 2	Gulbanoo First Name	H. Middle Nam	oc 1 Filed 04/17/19 Sharif Last Name	Entered (04/17/19	16:06:46 Pa	
Do you own, you own that s		or equitable interes f you lease a vehicl	st in any vehicles, whether the le, also report it on <i>Schedule G:</i> s, motorcycles				
	el:	Nissan Pathfinder 2011 49750	Who has an interest in the ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 or ☐ At least one of the debtors ☑ Check if this is communinstructions)	nly s and another	C el	amount of any secured	claims or exemptions. Put the claims on <i>Schedule D:</i> claims Secured by Property. Current value of the portion you own? \$10,000.00
3.2 Make Mod Year Appr	el:	Nissan Altima 2014	Who has an interest in the ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 or ☐ At least one of the debtor ☑ Check if this is communinstructions)	nly s and another	C ei	amount of any secured	claims or exemptions. Put the claims on Schedule D: claims Secured by Property. Current value of the portion you own? \$12,000.00
			ther recreational vehicles, oth craft, fishing vessels, snowmol				

Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$22,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured

claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☑ Yes. Describe...... See Attached.

\$7,350.00

Gulbanoo

Case, 19-31335-bih7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 10 of 70

Sharif

Case number (if known) _ Middle Name Last Name First Name 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Electronics \$1,750.00 Yes. Describe...... Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Books/Movies/Collectibles \$50.00 Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **√** No ☐ Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **✓** No Yes. Describe...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Clothing \$2,000.00 Yes. Describe...... Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Jewelry Yes. Describe...... \$2,500.00 13. Non-farm animals Examples: Dogs, cats, birds, horses **✓** No ☐ Yes. Describe...... 14. Any other personal and household items you did not already list, including any health aids you did not list **√** No ☐ Yes. Describe...... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$13,650.00 for Part 3. Write that number here

Debtor 1

Case_{ji}19-31335-bih7, Doc 1 Filed_{s044}17/19 Entered 04/17/19 16:06:46 Page 11 of 70

Debtor 2 Gulbanoo Sharif Case number (if known) First Name Middle Name Last Name

Par	t 4: Desc	ribe Your Fina	nncial Assets		
Do	you own or	nave any legal or	equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: ✓ No ☐ Yes		in your wallet, in your home, in a safe deposit box, and on hand when y		
17.	Deposits of Examples: No Yes	Checking, saving similar institution	gs, or other financial accounts; certificates of deposit; shares in credit is. If you have multiple accounts with the same institution, list each.	unions, brokerage houses, and other	
	Checking ac		Bank of America	\$100.00	
17.3.	Checking ac	ount:	Chase Bank	\$20.00	
17.5.	Savings acc Certificates	of deposit:			
	Other finance Other finance		Xceed Credit Union	\$300.00	
17.9.	Other finance	ial account:			
18.		Bond funds, inve	blicly traded stocks stment accounts with brokerage firms, money market accounts		
19.	an LLC, pa ✓ No ☐ Yes. Giv	rtnership, and jo re specific ion about	nd interests in incorporated and unincorporated businesses, incl int venture	uding an interest in	

Debtor 1

information about them....

Case, 19-31335-bih7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 12 of 70

Debtor 2 Sharif Gulbanoo Case number (if known) _ Middle Name First Name Last Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **√** No Yes. Give specific information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Xerox \$347,000.00 Pension plan: \$43,750.00 Xerox 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **√** No ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **√** No ☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **√** No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **✓** No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **✓** No ☐ Yes. Give specific

Debtor 1

Case;19-31335-bih7, Doc 1 Fileds04/17/19 Entered 04/17/19 16:06:46 Page 13 of 70

Sharif Debtor 2 Gulbanoo Case number (if known) _ Middle Name Last Name First Name Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. Tax refunds owed to you **✓** No ☐ Yes. Give specific information about Federal: them, including whether you State: already filed the returns and the tax years..... Local: Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **√** No ☐ Yes. Give specific information....... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else **✓** No ☐ Yes. Give specific information....... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance **✓** No ☐ Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value.... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **✓** No ☐ Yes. Give specific information........ 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ Yes. Describe each claim.....

Case i 19-31335-bih7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 14 of 70 Debtor 1 Debtor 2 Sharif Gulbanoo Case number (if known) _ Middle Name Last Name First Name Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **✓** No ☐ Yes. Describe each claim..... Any financial assets you did not already list ☐ Yes. Give specific information....... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... \$391,170.00 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned **✓** No Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **√** No Yes. Describe...... Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **√** No Yes. Describe......

Official Form 106A/B Schedule A/B: Property page 7

41. **Inventory**No

√ No

Yes. Describe......

Yes. Describe......

42. Interests in partnerships or joint ventures

Case_{ii}19-31335-bih7, Doc 1 Filed_{s04/}17/19 Entered 04/17/19 16:06:46 Page 15 of 70 Debtor 1 Debtor 2 Gulbanoo Sharif Case number (if known) _ First Name Middle Name Last Name 43. Customer lists, mailing lists, or other compilations ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... 44. Any business-related property you did not already list **✓** No ☐ Yes. Give specific information...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... \$0.00 Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ✓ No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **✓** No ☐ Yes..... 48. Crops-either growing or harvested **√** No Yes. Give specific information..... Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **√** No ☐ Yes...... 50. Farm and fishing supplies, chemicals, and feed **√** No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list

✓ No

Yes. Give specific information.....

Case, 19-31335-bih7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 16 of 70 Debtor 1 Sharif Debtor 2 Case number (if known) _ Middle Name First Name Last Name 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached \$0.00 for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **√** No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here....... \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2.. \$265,000.00 56. Part 2: Total vehicles, line 5 \$22,000.00 \$13,650.00 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$391,170.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. \$0.00 Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61..... \$426,820.00 Copy personal property total -Total of all property on Schedule A/B. Add line 55 + line 62..... \$691,820.00

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 17 of 70

Debtor 1 Debtor 2 Haji Bhoy Sharif
Gulbanoo H. Sharif
First Name Middle Name Last Name

Case number (if known)

SCHEDULE A/B: PROPERTY

Continuation Page

6. Household goods and furnishings	
Kitchen & Dining Room Furnishings	\$800.00
Living Room Furnishings	\$3,500.00
Bedroom (1) Furnishings	\$1,750.00
Bedroom (2) Furnishings	\$700.00
Bedroom (3) Furnishings	\$400.00
Portable Appliances	\$200.00

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 18 of 70

Fill in this information	to identify your case:			
Debtor 1	Најі	Bhoy	Sharif	
	First Name	Middle Name	Last Name	
Debtor 2	Gulbanoo	Н.	Sharif	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	ptcy Court for the:		Northern District of Texas	
Case number (if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as	Exempt		
 Which set of exemptions are you claiming? Che ✓ You are claiming state and federal nonbankruptor ☐ You are claiming federal exemptions. 11 U.S.C. For any property you list on Schedule A/B that you 	cy exemptions. 11 U.S.C. § § 522(b)(2)	522(b)(3)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 448 Hayden Drive Lewisville, TX 75067 Line from Schedule A/B:	\$265,000.00	\$178,069.00 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002
Brief description: 2011 Nissan Pathfinder Line from Schedule A/B: 3.1	\$10,000.00	\$10,000.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
3. Are you claiming a homestead exemption of mole (Subject to adjustment on 4/01/22 and every 3 year ☐ No ☐ Yes. Did you acquire the property covered by the ☐ Yes	s after that for cases filed on	, ,	

Case 19-31335-bih 7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 19 of 70

-	Maji-0 0-000	Sumoy Doo E inc.	Smarm	
	Gulbanoo	H.	Sharif	Case number (if known)
	First Name	Middle Name	Last Name	

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exem	
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:		≤ \$12.000.00	To Draw Ondo 20 40 004(a)
2014 Nissan Altima	\$12,000.00		Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.2		■ 100% of fair market value, up to any applicable statutory limit	72.502(4)(5)
Brief description:		☑ \$1,750.00	Tex. Prop. Code §§ 42.001(a),
Electronics	\$1,750.00	100% of fair market value, up to	42.002(a)(1)
Line from Schedule A/B: 7_		any applicable statutory limit	
Brief description:		√ \$50.00	Tex. Prop. Code §§ 42.001(a),
Books/Movies/Collectibles	\$50.00	100% of fair market value, up to	42.002(a)(1)
Line from Schedule A/B: 8		any applicable statutory limit	
Brief description:			
Clothing	\$2,000.00	\$2,000.00	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B: 11		□ 100% of fair market value, up to any applicable statutory limit	42.002(a)(5)
Brief description:			
Jewelry	\$2,500.00	\$2,500.00	Tex. Prop. Code §§ 42.001(a),
Line from Schedule A/B: 12		☐ 100% of fair market value, up to any applicable statutory limit	42.002(a)(6)
Brief description:		-	
Xerox	\$347,000.00	\$347,000.00	Tex. Prop. Code § 42.0021
Line from Schedule A/B: 21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		√ \$43,750.00	Tex. Prop. Code § 42.0021
Xerox	\$43,750.00	100% of fair market value, up to	
Line from Schedule A/B: 21		any applicable statutory limit	

Fill in this informatio	n to identify your case:			7/19 16:06:46	Page 20 of	f 70
Debtor 1	Haji First Name	Bhoy Middle Name	Sharif Last Name			
Debtor 2	Gulbanoo	Н.	Sharif			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bank	cruptcy Court for the:		Northern District of Texas			
Case number (if known)					Check if the amended	
Official For	m 106D					
Schedule	D: Creditor	rs Who F	Have Claims Secure	ed by Prope	rty	12/15
Yes. Fill in all of Part 1: List All 2. List all secured each claim. If m	of the information below. Secured Claims I claims. If a creditor has	: more than one se as a particular clair	your other schedules. You have nothing else ecured claim, list the creditor separately for m, list the other creditors in Part 2. As much to the creditor's name.	Column A	Column B Value of collateral that supports	Column C Unsecured portion
				value of collateral.	this claim	If any
2.1 Chase Mortga Creditor's Name			the property that secures the claim:	\$86,931.00	\$265,000.00	\$0.00
Mail Code: OF		448 Hay	den Drive Lewisville, TX 75067			
PO Box 24696		As of the s	date var file the claim in Chadrall that apply			
	Street	Contin	date you file, the claim is: Check all that apply.			
Columbus, OH	1 43224-0696 State ZIP C		•			
•	debt? Check one.	Disput				
Debtor 1 onl	ly	•	f lien. Check all that apply.			
☐ Debtor 2 onl ☐ Debtor 1 and	•	☐An agr secure	reement you made (such as mortgage or ed car loan)			
At least one	of the debtors and anoth	er 🔲 Statuto	ory lien (such as tax lien, mechanic's lien)			
	s claim relates to a	-	nent lien from a lawsuit			
community		Other	(including a right to offset)			
Date debt was						

Remarks: Secured line of credit.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$86,931.00

Case;:19-31335-bih7, Doc 1 Fileds04/17/19 Entered 04/17/19 16:06:46 Page 21 of 70

Gulbanoo Case number (if known) _ First Name Middle Name Last Name Column A Column C Column R Additional Page Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with that supports portion Do not deduct the 2.3, followed by 2.4, and so forth. this claim value of collateral. If any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code State Unliquidated Who owes the debt? Check one. Debtor 1 only Disputed Debtor 2 only Nature of lien. Check all that apply. Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another ☐ Statutory lien (such as tax lien, mechanic's lien) Check if this claim relates to a ☐ Judgment lien from a lawsuit community debt Other (including a right to offset) Date debt was incurred

Last 4 digits of account number ___ __ __

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number

\$86,931.00

Fill in this information	to identify your case:			7/19 16:06:46	Page 22	of 70
Debtor 1	Haji First Name	Bhoy Middle Name	Sharif Last Name			
Debtor 2 (Spouse, if filing)	Gulbanoo First Name	H. Middle Name	Sharif Last Name			
United States Bankru	iptcy Court for the:		Northern District of Texas			
Case number (if known)					Check i amende	if this is an ed filing
Official Form	106E/F					
Schedule E	E/F: Credit	ors Who	Have Unsecured C	laims		12/15
Part 1: List All of 1. Do any creditors 1. No. Go to Pa 1. List all of your pridentify what type possible, list the copart 1. If more that	e to this page. On the of Your PRIORITY have priority unsecurt 2. iority unsecured clair of claim it is. If a claim claims in alphabetical can one creditor holds a	Unsecured Cored claims agains ms. If a creditor has both priority a cred according to a particular claim,		mber (if known). ist the creditor separately and show both priority and	for each claim. Fo nonpriority amou	or each claim listed, unts. As much as
				Total claim	Priority amount	Nonpriority amount
Priority Creditor' Number	s Name Street		Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Chapply.	neck all that		
City	State		Contingent Unliquidated			

intoxicated

Other. Specify

Is the claim subject to offset?

☐ No
☐ Yes

Debtor	1
Dobtor	2

Case::19-31335-bib7. Doc 1 Filed-04/17/19 Entered 04/17/19 16:06:46 Page 23 of 70

Debtor 1	Caq _{Haji} ±0 0±000	Bridy DOG T	Sharif = 17 = 0	Emerca 6 7,217,10 10:00:10 1 ago 20 01 10
Debtor 2	Gulbanoo	H.	Sharif	Case number (if known)
	First Name	Middle Name	Last Name	

Part 2: List All of Your NONPRIORITY Unsecured C	Claims	
unsecured claim, list the creditor separately for each claim. For		dy included in Part 1. If more
	Lact 4 digits of account number 5502	Total claim \$19,222.00
Amex Nonpriority Creditor's Name Correspondence/Bankruptcy	When was the debt incurred? 12/01/2005 As of the date you file, the claim is: Check all that apply.	<u> </u>
PO Box 981540 Number Street EI Paso, TX 79998-1540 City State ZIP Code	Contingent Unliquidated Disputed	
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CreditCard	
Is the claim subject to offset? ☑ No □ Yes		
4.2 Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Number Street Salt Lake City, UT 84130-0285 City State ZIP Code	Last 4 digits of account number 0300 When was the debt incurred? 10/01/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	<u>\$53.00</u>
City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CreditCard	

Is the claim subject to offset?

☑ No Yes Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 24 of 70

Debtor 1 Debtor 2 Haji Bhoy Sharif
Gulbanoo H. Sharif
First Name Middle Name Last Name

Case number (if known)

Cavalry Portfolio Services	Last 4 digits of account number 3943	\$16,19°
Nonpriority Creditor's Name	When was the debt incurred? 09/01/2016	
ATTN: Bankruptcy Department 500 Summit Lake Ste 400	As of the date you file, the claim is: Check all that apply.	
Number Street	☐ Contingent	
Valhalla, NY 10595 Dity State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	☑ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
At least one of the debtors and another	divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
s the claim subject to offset?	☑ Other. Specify	
☑ No	Collecting for Citibank	
☐ Yes		
Remarks: Collecting for Citibank. Law suit filed.		
Chase Card Services	Last 4 digits of account number 7591	\$15,540
Nonpriority Creditor's Name	When was the debt incurred? 04/01/1989	
Attn: Bankruptcy	As of the date you file, the claim is: Check all that apply.	
PO Box 15298	— ☐ Contingent	
Number Street	☐ Unliquidated	
Wilmington, DE 19850 Dity State ZIP Code	— ☑ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or	
	divorce that you did not report as priority claims	
✓ Debtor 1 and Debtor 2 only✓ At least one of the debtors and another	 Debts to pension or profit-sharing plans, and other similar debts 	
	☑ Other Specify	

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 25 of 70

Debtor 1 Debtor 2
 Haji
 Bhoy
 Sharif

 Gulbanoo
 H.
 Sharif
 Case number (if known)

 First Name
 Middle Name
 Last Name

Cast 4 digits of account number 3016	r listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
Debt Management Servicing Center-DMSC Birmingham Office Nonpriority Creditor's Name PO Box 83079 Number Street Birmingham , AL 35283 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Last 4 digits of account number 0802 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	Nonpriority Creditor's Name Citicorp Credit Services/Centralized Bankruptcy PO Box 790040 Number Street St. Louis, MO 64195 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? 09/01/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ✓ Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify	\$209
As of the date you file, the claim is: Check all that apply. Contingent Contingent	Debt Management Servicing Center-DMSC Birmingham Office	<u></u>	unkno
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 only ☐ Debtor 5 only ☐ Debtor 6 not report as priority claims	PO Box 83079 Number Street Birmingham , AL 35283	☐ Contingent ☐ Unliquidated	
✓ Check if this claim is for a community debt similar debts ✓ Other. Specify	 □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 26 of 70

Debtor	1
Debtor	2

First Name

Bhoy Sharif Gulbanoo Sharif Middle Name

Last Name

Case number (if known).

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$13,987.00 4.7 **Discover Financial** Last 4 digits of account number 9600 Nonpriority Creditor's Name When was the debt incurred? 12/01/1992 **Attn: Bankruptcy Department** As of the date you file, the claim is: Check all that apply. PO Box 15316 Contingent Number Street Unliquidated Wilmington, DE 19850-5316 **☑** Disputed State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other ☐ At least one of the debtors and another similar debts Check if this claim is for a community debt ✓ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes \$27,992.00 4.8 Frost Bank Last 4 digits of account number 9001 Nonpriority Creditor's Name When was the debt incurred? 10/01/2013 Po Box 1600 As of the date you file, the claim is: Check all that apply. Number Street Contingent San Antonio, TX 78296 ZIP Code Unliquidated State **☑** Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☐ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other Check if this claim is for a community debt similar debts $\mathbf{\Lambda}$ Is the claim subject to offset? Other. Specify CheckCreditOrLineOfCredit **☑** No ☐ Yes \$13,694.00 4.9 Frost Bank Last 4 digits of account number 9001 Nonpriority Creditor's Name When was the debt incurred? 10/01/2013 Po Box 1600 As of the date you file, the claim is: Check all that apply. Number Street Contingent San Antonio, TX 78296 Unliquidated State ZIP Code **☑** Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ☐ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other ☐ Check if this claim is for a community debt similar debts Other, Specify Is the claim subject to offset? CheckCreditOrLineOfCredit **☑** No Yes

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 27 of 70

Debtor 1 Debtor 2
 Haji
 Bhoy
 Sharif

 Gulbanoo
 H.
 Sharif
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Co	ontinuation Page	
After listing any entries on this page, number them beginning	with 4.5, followed by 4.6, and so forth.	Total claim
Nelnet Nonpriority Creditor's Name Attn: Claims PO Box 82505 Number Street Lincoln, NE 68501-2505 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 3009 When was the debt incurred? 08/01/2006 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Educational	\$8,060.00
NPAS Nonpriority Creditor's Name PO BOX 99400 Number Street Louisville, KY 40269 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 5345 When was the debt incurred? 07/23/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$991.28

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 28 of 70

Debtor 1 Debtor 2

First Name

Bhoy Sharif Gulbanoo Sharif

Middle Name

Last Name

Case number (if known).

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim \$6,361.00 4.12 **Regions Bankcard** Last 4 digits of account number 0631 Nonpriority Creditor's Name When was the debt incurred? 10/01/2013 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. PO Box 830590 Contingent Number Unliquidated Birmingham, AL 35288 **☑** Disputed City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. □ Student loans ☐ Debtor 1 only Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims ✓ Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other ☐ At least one of the debtors and another similar debts Check if this claim is for a community debt ✓ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes \$36.00 4.13 Synchrony Bank/Walmart Last 4 digits of account number 7332 Nonpriority Creditor's Name When was the debt incurred? 08/01/2017 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. PO Box 965060 Contingent Number Street Unliquidated Orlando, FL 32896-5060 **☑** Disputed City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans ✓ Debtor 1 only Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims ■ Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other At least one of the debtors and another similar debts Check if this claim is for a community debt $\mathbf{\Lambda}$ Other. Specify ChargeAccount Is the claim subject to offset? **☑** No ☐ Yes \$13,353.00 Wells Fargo Bank Last 4 digits of account number 2269 Nonpriority Creditor's Name When was the debt incurred? 10/01/2013 Attn: Bankruptcy Dept As of the date you file, the claim is: Check all that apply. PO Box 6429 Contingent Number Street Unliquidated Greenville, SC 29606 **☑** Disputed ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☑ Debtor 1 only Student loans Obligations arising out of a separation agreement or Debtor 2 only divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other At least one of the debtors and another similar debts ☐ Check if this claim is for a community debt ✓ Other. Specify CreditCard Is the claim subject to offset? **☑** No

☐ Yes

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 29 of 70

Debtor 1 Debtor 2
 Haji
 Bhoy
 Sharif

 Gulbanoo
 H.
 Sharif
 Case number (if known)

 First Name
 Middle Name
 Last Name

After listing any entries on this page, number them beginning	with 4.5 followed by 4.6 and so forth	Total alaim
nter insuring any entities on this page, number them beginning	with 4.3, followed by 4.0, and 50 forth.	Total claim
Wells Fargo Bank la N Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 6429 Number Street Greenville, SC 29606 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 9597 When was the debt incurred? 10/23/2013 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated ☑ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CheckCreditOrLineOfCredit	\$39,780.00
Yes Wells Fargo Bank Ia N Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 6429 Number Street Greenville, SC 29606 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 8752 When was the debt incurred? 10/01/2013 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated ☑ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CheckCreditOrLineOfCredit	<u>\$39,780.00</u>

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 30 of 70

Debtor	1
Debtor	2

Haji Gulbanoo Bhoy Sharif Sharif First Name Middle Name Last Name

Case number (if known) _

_			
Dっ	rt	-/	
Рα	ıι	-	

Part 4: Add	the Amounts for Each Type of Unsecured Claim				
	nounts of certain types of unsecured claims. This information ecured claim.	n is for s	tatist	ical reporting purposes only. 28 U.S.C	C. §159. Add the amounts for each
				Total claim	
Total claims	6a. Domestic support obligations	6a.		\$0.00	
from Part 1	6b. Taxes and certain other debts you owe the government	6b.		\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.		\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.		\$0.00	
				Total claim	
Total claims	6f. Student loans	6f.		\$0.00	
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims			\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00	
	Other. Add all other nonpriority unsecured claims.Write that amount here.	6i.	+	\$215,249.28	1
	6j. Total. Add lines 6f through 6i.	6j.		\$215.249.28	

obtor 1	Haii	Phoy	Charif	
ebtor 1	Haji First Name	Bhoy Middle Name	Sharif Last Name	
	FIIST Name	wilddie Name	Last Name	
Debtor 2	Gulbanoo	H.	Sharif	
Spouse, if filing)	First Name	Middle Name	Last Name	
Inited States Bankr	uptcy Court for the:		Iorthern District of Texas	
Case number				☐ Check if this is an
if known)				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom you ha	ve the contract or lease	State what the contract or lease is for	
2.1					
	Name				
	Number	Street			
	City	State	ZIP Code		
2.2					
	Name				
	Number	Street			
	City	State	ZIP Code		
2.3					
	Name				
	Number	Street			
	City	State	ZIP Code		
2.4					
	Name				
	Number	Street			
	City	State	ZIP Code		
2.5					
	Name				
	Number	Street			
	City	State	ZIP Code		

Fill in this information	n to identify your case	:		7/19 16:06:46	Page 32 of 70
Debtor 1	Haji	Bhoy	Sharif		
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2	Gulbanoo	н.	Sharif		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	ruptcy Court for the:	1	Northern District of Texas		
Case number (if known)					Check if this is an amended filing
Official Forn					
<u>Schedule</u>	H: Your C	odebtors			12/15
ooth are equally resp	onsible for supplyin	g correct information	n. If more space is needed,		two married people are filing together, and number the entries in the boxes on own). Answer every question.
1. Do you have any ✓ No ☐ Yes	y codebtors? (If you	are filing a joint case,	do not list either spouse as a	codebtor.)	
			operty state or territory? (Cington, and Wisconsin.)	community property states and territoric	es include Arizona, California, Idaho,
No. Go to line	_				
	spouse, former spous	se, or legal equivalent	live with you at the time?		
✓No					
Yes. In wh	ich community state o	or territory did you live?	?	Fill in the name and current	address of that person.
Name					
Number	Street				
City		State ZIP Code			
codebtor only if	that person is a gua	rantor or cosigner. N	Make sure you have listed th	our spouse is filing with you. List the creditor on Schedule D (Official For Schedule G to fill out Column 2.	
Column 1: Your o	codebtor			Column 2: The creditor to	o whom you owe the debt
				Check all schedules that	et apply:

Official Form 106H Schedule H: Your Codebtors page 1 of 1

☐ Schedule D, line _

☐ Schedule E/F, line ____ ☐ Schedule G, line ____

3.1

Name

Number

City

Street

ZIP Code

State

Fill	in this information to	identify your cas	se:	0.44740				7/19 16	5:06:46	Page 3	3 of 70				
D	ebtor 1	Haji First Name	Bhoy Middle Name	Sharif Last Name											
	ebtor 2 spouse, if filing)	((0))				arif Name					Check if this is:				
U	nited States Bankrup	tcy Court for the:	Nort	hern District of T	Texas					☐ An amended filing					
_	Case number (if known)									A supplement s chapter 13 inco					
						_				MM / DD / YYY	ſΥ				
)f	ficial Form	<u> 1061</u>													
Sc	chedule I:	Your In	come									12/15			
ddi		your name and c	lude information about yo		tion.					Debtor 2 or nor					
	inormation.														
	If you have more than one job, attach a separate page with information about additional employers. Employment st Occupation			✓ Employed Analyst	d 🔲 N	lot	Employed		□E 	mployed 1 Not	Employed				
Include part time, seasonal, or self-employed work.			Employer's name Employer's address	Xerox Corpo											
	Occupation may incor homemaker, if it a		Employer 5 dataless	800 Phillips Number Str	eet	_			Nun	nber Street					
			How long employed the	Webster, NY City re? 20 years	[′] 1458	0	State Z	ip Code	City		State	Zip Code			
Pa	art 2: Give Deta	iils About Moi	nthly Income												
			e date you file this form. If	you have nothing	to repo	ort	for any line, w	rite \$0 in th	e space. Ir	nclude your non-	filing spouse	unless you			
	·		more than one employer, co	ombine the informa	ation fo	or a	all employers fo	or that pers	on on the I	lines below. If yo	u need more	space,			
							For De	ebtor 1		ebtor 2 or ing spouse					
 List monthly gross wages, salary, and commissions (before all pay deductions.) If not paid monthly, calculate what the monthly wage woul 					2.		<u>\$6,</u>	075.56		\$0.00					
3. Estimate and list monthly overtime pay.					3.		+	\$0.00	+	\$0.00					

\$6,075.56

\$0.00

4. Calculate gross income. Add line 2 + line 3.

Case 19-31335-bih 7, Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 34 of 70

Gulbanoo H. Sharif Case number (if known) ______

First Name Middle Name Last Name

			For Debtor 1		or Debtor 2 or on-filing spouse					
	Copy line 4 here→	4.	\$6,075.56		\$0.00					
5.	List all payroll deductions:									
	5a. Tax, Medicare, and Social Security deductions	5a.	\$800.32		\$0.00					
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00					
	5c. Voluntary contributions for retirement plans	5c.	\$482.12		\$0.00					
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00					
	5e. Insurance	5e.	\$542.02		\$0.00					
	5f. Domestic support obligations	5f.	\$791.28		\$0.00					
	5g. Union dues	5g.	\$0.00		\$0.00					
	5h. Other deductions. Specify: See additional page	5h.	+ \$1.96	+	\$0.00					
S .	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$2,617.70		\$0.00					
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,457.86		\$0.00					
3.	List all other income regularly received:	••	ψος του του	,	ψο.σο_					
	8a. Net income from rental property and from operating a business, profession, or farm									
	Attach a statement for each property and business showing gross receipts,									
	ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		\$0.00					
	8b. Interest and dividends	8b.	\$0.00		\$0.00					
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive									
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	90	\$0.00		\$0.00					
	8d. Unemployment compensation	8c. 8d.	\$0.00		\$0.00					
	8e. Social Security	8e.	\$0.00		\$995.86					
	8f. Other government assistance that you regularly receive	00.								
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.									
	Specify:	8f.	\$0.00		\$0.00					
	8g. Pension or retirement income	8g.	\$0.00		\$0.00					
	8h. Other monthly income. Specify:	8h.	+ \$0.00	+	\$0.00					
	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$995.86					
0.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse	10.	\$3,457.86	. [\$995.86	= \$4,45				
	State all other regular contributions to the expenses that you list in <i>Schedule</i>			ı L						
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.									
	Do not include any amounts already included in lines 2-10 or amounts that are not a	vailable	to pay expenses listed i	n <i>Sche</i>	edule J.					
	Specify:			_	11. +	\$0.0				
2.	Add the amount in the last column of line 10 to the amount in line 11. The result amount on the Summary of Your Assets and Liabilities and Certain Statistical Inform			ne. Wr		\$4,453				
	amount of the Guiffray of Your Assets and Easinites and Gertain Guitsteal mioni	iauori, ii	к арриоз		12.	Combined monthly incom				
3.	Do you expect an increase or decrease within the year after you file this form? ☑ No.									

Case 19-31335-bih7, Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 35 of 70

 Gulbanoo
 H.
 Sharif
 Case number (if known)

 First Name
 Middle Name
 Last Name

Amount

5h. Other Deductions For Debtor 1

employmentDetailsId: 13292

Accident Insurance \$1.96

					<u> </u>	7/10 16:06	::46 Dc	ngo 26 o	vf 70				
Fill	in this information to ider	tify your case:				7/19 16:06).40 Pa	age 36 c	11 70				
D	ebtor 1 H	aji	Bhoy	Sharif									
	Fir	st Name	Middle Name	Last Name	_	Check if this	s is:						
		ulbanoo	Н.	Sharif		An amer	ded filing						
(S	spouse, if filing) Fir	st Name	Middle Name	Last Name			A supplement showing postpetition chapter 13 income as of the following date:						
U	nited States Bankruptcy C	Court for the:		Northern Distric	t of Texas	cnapter	3 income as o	of the followi	ng date:				
С	ase number					MM / DD / YYYY							
(if	known)												
Of	ficial Form 10	<u>6J</u>											
Sc	chedule J: Y	our Ex	penses						12/1	5			
Pa	Is this a joint case? No. Go to line 2. Yes. Does Debtor 2	et to this form. Household	On the top of any	additional pages,	ther, both are equally responding write your name and case	number (if kno							
	Yes. Debto	or 2 must file Of	ficial Form 106J-2,	Expenses for Sep	parate Household of Debtor 2	2.							
2.	Do you have depender Do not list Debtor 1 and Debtor 2.			is information for	Dependent's relationship to Debtor 1 or Debtor 2		ependent's ge	's Does dependent live with you?					
	Do not state the dependents' names.		each dependent						Yes.				
								_ □No.	☐Yes.				
								_ □No.	☐Yes.				
								No	Yes.				
								- =	Yes.				
					-								
3.	Do your expenses inclu of people other than yo your dependents?		☑ No ☐ Yes										
		O	4 + lo lo										
			Nonthly Expens							_			
					ng this form as a suppleme the top of the form and fil			eport expen	ses as of a date afte	r			
	lude expenses paid for ch assistance and have						Yo	our expense	s				
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.								\$651.00				
	If not included in line 4	:											
	4a. Real estate taxes						4a		\$400.00				
	41 5						4b.		\$0.00				

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$0.00

\$0.00

\$200.00

4c.

4d.

Case i 19-31335-bih Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 37 of 70

GulbanooH.SharifFirst NameMiddle NameLast Name

Case number (if known) _

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$250.00
	6b. Water, sewer, garbage collection	6b.	\$100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$250.00
	6d. Other. Specify:	6d.	\$0.00
7.	Food and housekeeping supplies	7.	\$640.00
8.	Childcare and children's education costs	8.	\$0.00
9.	Clothing, laundry, and dry cleaning	9.	\$100.00
10.	Personal care products and services	10.	\$100.00
11.	Medical and dental expenses	11.	\$120.00
12.	Transportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12.	\$240.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14.	Charitable contributions and religious donations	14.	\$0.00
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$1,275.00
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	15c. 15d.	\$125.00
	15d. Other insurance. Specify:	iou.	\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$0.00
19.	Other payments you make to support others who do not live with you.	40	00.00
	Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
Offici	20e. Homeowner's association or condominium dues ial Form 106J Schedule J: Your Expenses	20e.	\$0.00
Onici	an one room schedule 3. Tour expenses		page 2

Case i 19-31335-bih 7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 38 of 70 Debtor 1 Sharif Debtor 2 Gulbanoo Case number (if known) _ First Name Middle Name Last Name 21. 21. Other. Specify: _ \$0.00 22. Calculate your monthly expenses. 22a. \$4,451.00 22a. Add lines 4 through 21. 22b. \$0.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. \$4,451.00 22c. 23. Calculate your monthly net income. 23a. \$4,453.72 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$4,451.00 23c. Subtract your monthly expenses from your monthly income. \$2.72 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

✓ No.
□Yes.

None

Fill in this information to	o identify your case:				7/19 16:06:46	Page 39 of 70	
Debtor 1	Најі	Bhoy	Sharif				
	First Name	Middle Name	Last Name				
Debtor 2	Gulbanoo	Н.	Sharif				
(Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Bankruptcy Court for the:		N	lorthern District of Texas				
Case number (if known)						Check if this is an amended filing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets	
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own \$265,000.00 \$426,820.00 \$691,820.00
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$86,931.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$215,249.28
Your total liabilities	\$302,180.28
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$4,453.72
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,451.00

Debtor 1

Case_{ii}19-31335-bih7, Doc 1 Filed_{s04/}17/19 Entered 04/17/19 16:06:46 Page 40 of 70

Debtor 2 Gulbanoo Sharif Case number (if known) _ First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records							
6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court of Yes	with your other schedules.						
 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual prima family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Che this form to the court with your other schedules. 	§ 159.						
8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Office Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	cial	\$5,596.87					
9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim						
From Part 4 on Schedule E/F, copy the following:							
9a. Domestic support obligations (Copy line 6a.)	\$0.00						
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00						
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00						
9d. Student loans. (Copy line 6f.)	\$0.00						
9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00						
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00						
9g. Total . Add lines 9a through 9f.	\$0.00						

Fill in this information	to identify your case:	//19 16:06:46	Page 41 of 70			
Debtor 1	Најі	Bhoy	Sharif			
	First Name	Middle Name	Last Name			
Debtor 2	Gulbanoo	Н.	Sharif			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:			lorthern District of Texas			
Case number (if known)						Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an a	ttorney to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the s	summary and schedules filed with this declaration and that they are true and correct.
V	V
/s/ Haji Bhoy Sharif Haji Bhoy Sharif, Debtor 1	/s/ Gulbanoo H. Sharif Gulbanoo H. Sharif, Debtor 2
riaji Brioy Grani, Bester 1	Calibation 11. Statil, Boston 2
Date 04/17/2019 MM/ DD/ YYYY	Date 04/17/2019 MM/ DD/ YYYY

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 42 of 70

ill in this information to identify your case:							
Debtor 1	Најі	Bhoy	Sharif				
	First Name	Middle Name	Last Name				
Debtor 2	Gulbanoo	Н.	Sharif				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:			Northern District of Texas				
Case number							
(if known)							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

/hat is your current marital statu	s?			
Married				
Not married				
uring the last 3 years, have you li	ved anywhere other than whe	re you live now?		
1 No				
Yes. List all of the places you live	ed in the last 3 years. Do not inc	lude where you live now.		
Debtor 1:	Dates Deb there	otor 1 lived Debtor 2:		Dates Debtor 2 lived there
		☐ Same as Debtor 1		Same as Debtor 1
	From	 Number Street		_ From
umber Street	To	Number Street		To
ty State	e ZIP Code	City	State ZIP Code	_
		☐ Same as Debtor 1		☐ Same as Debtor 1
	From			_ From
umber Street	То	Number Street		To
ty State	e ZIP Code	City	State ZIP Code	_

ebtor 1 ebtor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif		Case number (if kno	wa)
	First Name	Middle Name			Case Humber (II kno	wii)
include Arizo Val No Yes. Ma	na, California, Idaho, Lo	ouisiana, Neva hedule H: Your	da, New Mexico, Puerto R Codebtors (Official Form	ico, Texas, Washington, and \		nity property states and territories
Fill in the tota	al amount of income you	u received from	all jobs and all businesse	ss during this year or the two is, including part-time activities it only once under Debtor 1.		,
⊻ Yes. Fi	II in the details.		Ashton 4		Dalitan 0	
		S	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
	uary 1 of current year uiled for bankruptcy:		Wages, commissions, bonuses, tips Operating a business	\$11,125.75	☐ Wages, commissions, bonuses, tips☐ Operating a business	
	to December 31, 2018)	Wages, commissions, bonuses, tips Operating a business	\$72,710.22	☐ Wages, commissions, bonuses, tips☐ Operating a business	
	lendar year before tha to December 31, 2017 Y	<u></u>)	Wages, commissions, bonuses, tips Operating a business	\$66,183.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	
Include incompayments; pe have income	ne regardless of whethe	er that income is interest; divider	nds; money collected from	<i>er income</i> are alimony; child s		nployment, and other public benefit ou are filing a joint case and you
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
	uary 1 of current year u iled for bankruptcy:	until the			Social Security	\$2,163.76

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 43 of 70

ebtor 1 ebtor 2	Haji Gulbanoo First Name	Bhoy H. Middle Name	Sharif Sharif Last Name		Case number (ii	known)			
For last	calendar year:				Social Security	\$16.029.00			
	1 to December 31, 20	<u>118</u>)			Journ Security				
	calendar year before t		A Distributions	\$117,191.00	Social Security	\$5,228.00			
(January	1 to December 31, 20	YYYY							
art 3: L	ist Certain Paym	ents You Made	Before You Filed t	for Bankruptcy					
. Are eith	er Debtor 1's or Debtor	r 2's debts primaril	y consumer debts?						
☐No.	individual primarily for	or a personal, family	y, or household purpose.			"incurred by an			
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?								
				5,825* or more in one or more or obligations, such as child					
	payments	to an attorney for th	nis bankruptcy case.	or cases filed on or after the o	,	, ao not malade			
√ Yes.		•	marily consumer debt						
	During the 90 days b ✓ No. Go to line 7.	efore you filed for b	ankruptcy, did you pay a	ny creditor a total of \$600 or	more?				
	Yes. List below payments			600 or more and the total am child support and alimony. Al					
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for			
						Mortgage			
	Creditor's Name		·			☐ Car ☐ Credit card			
	Number Street		_			Loan repayment			
			_			Suppliers or vendors			
						Other			
	City	State ZIP Code	_						
	City	State ZIP Code	-						
	clude your relatives; an	y general partners;	relatives of any general r more of their voting se	curities; and any managing	nich you are a general part agent, including one for a l	ner; corporations of which you a pusiness you operate as a sole			
officer, dire proprietor.	11 U.S.C. § 101. Includ	de payments for dor	nestic support obligation	io, cacir ao orina capport ario	а аштюту.				
officer, director.			nestic support obligation	io, caor ao cima cappor an	з ашпопу.				

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 44 of 70

tor 1 tor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif		Case r	number (if knowi	n)
	First Name	Middle Name	Last Nam	e			,
			Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
Insider's N	lame						
Number	Street						
City	State	ZIP Code					
clude payr ✓ No	year before you filed ments on debts guara	nteed or cosigned b		ments or transfer any	property on account of	a debt that ber	efited an insider?
			Dates of	Total amount paid	Amount you still owe	Reason for th	is payment
			payment			Include credito	r's name
Insider's N	lame						
Number	Street						
City	State	ZIP Code					
City	State	ZIF Code					
. Within 1 y ist all such isputes.	matters, including pe	for bankruptcy, w	ere you a party in ar	ny lawsuit, court action	a, or administrative proce uits, paternity actions, su	eeding? pport or custody	r modifications, and contr
☐ No ☑ Yes. Fi	III in the details.						
	III in the details.	Nat	ure of the case	Соц	urt or agency		Status of the case
Yes. Fi	Cavalry SPV 1, B. Sharif	LLC v. Haji	ure of the case of collection	<u>Dent</u> Court	on County Court at Law N	lo.2	Status of the case Pending On appeal
Yes. Fi	Cavalry SPV 1,	LLC v. Haji		<u>Dent</u> Court	on County Court at Law N	lo.2	☑ Pending
Yes. Fi	Cavalry SPV 1, B. Sharif	LLC v. Haji		<u>Dent</u> Court	on County Court at Law N Name BOX 2187	lo.2	☑ Pending ☐ On appeal
Yes. Fi	Cavalry SPV 1, B. Sharif	LLC v. Haji		Dent Court PO E	on County Court at Law N Name BOX 2187		☑ Pending ☐ On appeal

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 45 of 70

ebtor 1 ebtor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif	Case number (if known)	
	First Name	Middle Name	Last Name	Case Harrison (in Milenny	
Check all th ✓ No. G	1 year before you file nat apply and fill in the so to line 11.	details below.	s any of your property repossessed, foreclose	ed, garnished, attached, seized, or levied	d?
Tes. F	-iii in the information b	eiow.	Describe the property	Date V	alue of the property
			become the property	- Julio V	and of the property
Creditor's	Name				
Number	Street		Explain what happened		
			Property was repossessed.		
-			Property was foreclosed.		
			Property was garnished.		
City	Sta	ate ZIP Code	Property was attached, seized, or le	vied.	
	Fill in the details.		Describe the action the creditor took	Date action was Am taken	ount
Creditor's	Name				
Number	Street				
City	Stat		Last 4 digits of account number: XXXX		
receiver, a o ☑ No ☐ Yes	1 year before you file custodian, or anothe ist Certain Gifts	er official?	s any of your property in the possession of a	n assignee for the benefit of creditors,	a court-appointed
13. Within 2	2 years before you fil	ed for bankruptcy, di	d you give any gifts with a total value of more	e than \$600 per person?	
✓No					
☐Yes. F	Fill in the details for ea	ach gift.			
fficial Form	107	State	ement of Financial Affairs for Individuals Filir	ng for Bankruptcy	page 5

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 46 of 70

Debtor 1 Sharif Haji Bhoy Debtor 2 Gulbanoo Sharif Н. Case number (if known) _ First Name Middle Name Last Name Gifts with a total value of more than \$600 per Describe the gifts Dates you gave Value the gifts Person to Whom You Gave the Gift Number City State ZIP Code Person's relationship to you _ 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? **√**No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that Describe what you contributed Date you Value total more than \$600 contributed Charity's Name Number Street City State ZIP Code Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **√**No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your loss Value of property lost how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 47 of 70

ebtor 1 ebtor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif	Case number (if kno	wn)
	First Name	Middle Name	Last Name		
Part 7: Li	st Certain Paym	ents or Transfe	ers		
seeking bar Include any	nkruptcy or preparin	g a bankruptcy pet	id you or anyone else acting on your behalf p ition? or credit counseling agencies for services requi		one you consulted about
		Descri	ption and value of any property transferred	Date payment or transfer was made	Amount of payment
	aw, PLLC ho Was Paid	Attorne	y's Fee	ualisiei was iliaue	
860 Hebro Number	on Pkwy 402 Street			3/18/2019	\$2,000.00
<u>Lewisville</u> City	e, TX 75057 State	ZIP Code			
Email or w	vebsite address				
Person Wh	ho Made the Payment,	, if Not You			
Shuster L	.aw, PLLC	Descri	ption and value of any property transferred	Date payment or transfer was made	Amount of payment
	ho Was Paid	Attorney	r's Fee		
860 Hebro	on Pkwy 402			3/15/2019	\$0.00
Number	Street				
<u>Lewisville</u> City	e, TX 75057 State	ZIP Code			
Email or w	vebsite address				
Person Wh	ho Made the Payment,	, if Not You			
deal with you Do not include No	year before you file our creditors or to made any payment or tra	ake payments to yo		ay or transfer any property to any	rone who promised to help yo
		Descr	ption and value of any property transferred	Date payment or	Amount of payment
Person Wi	ho Was Paid			transfer was made	
Number	Street				
City	State	ZIP Code			

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 48 of 70

Debtor 1 Debtor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif	O	
Debiol 2	First Name	Middle Name	Last Name	Case number (if known) _	
			ou sell, trade, or otherwise tra	ansfer any property to anyone, other than propert	ty transferred in the
Include both	outright transfers and			security interest or mortgage on your property).	
	de gifts and transfers t	that you have already lis	ted on this statement.		
√ No					
☐ Yes. Fi	II in the details.				
		Description transferre	on and value of property d	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Wr	no Received Transfer				
Number	Street				
-					
City	State 2				
Person's r	elationship to you				
√No	asset-protection devi	ces.)			
_		Description	n and value of the property tr	ansferred	Date transfer was
					made
NI= 6 4:	rust				
name or u	usi				
Down O. I ii	at Cantain Finan	-:-! ^	harring Cofe December	Davis and Change Units	
Part 8: Lis	st certain Financ	ciai Accounts, ins	truments, sale Deposit i	Boxes, and Storage Units	
transferred	?		-	ruments held in your name, or for your benefit, cl sit; shares in banks, credit unions, brokerage house	
cooperatives		ther financial institutions		, , , , , , ,	,
√ No					
☐Yes. Fi	II in the details.				
Official Form 1	07	Statem	ent of Financial Affairs for Ind	lividuals Filing for Bankruptcy	page 8

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 49 of 70

	=	H.	Sharif		Case number (if known)	
	First Name	Middle			odde Hamber (ii known)	
			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
ame of F	Financial Institution		xxxx	Checking		
				Savings		
umber	Street			☐ Money market		
				Brokerage		
				Other		
ity	State	ZIP Code				
iables? 1 No 1 Yes. F	Fill in the details.					
			Who else had access to it?	Describe the c	ontents	Do you still have it?
						□No
ame of F	Financial Institution		Name			Yes
umber	Street		Number Street			
			City State ZIP Co	ode		
ity	State	ZIP Code				
			sit or place other than your home wi	shin 1 year hefore you filed	for hankruntov?	
Have yo			nit or place other than your home wi	thin 1 year before you filed	for bankruptcy?	
Have yo ∕1No	ou stored property		nit or place other than your home wi	thin 1 year before you filed	for bankruptcy?	
Have yo ∕ INo						
Have yo ∕1No	ou stored property		nit or place other than your home wi			Do you still have it?
Have yo ∕1No	ou stored property					it?
Have yo Mano Managaran Ma	ou stored property					
Have you No Yes. F	ou stored property		Who else has or had access to it			it? ☐No
Have you ☑No ☑Yes. F	ou stored property Fill in the details. Storage Facility		Who else has or had access to it	Pescribe the c		□No
Have you No Yes. F	ou stored property Fill in the details. Storage Facility		Who else has or had access to it Name Number Street	Pescribe the c		it? ☐No
Have you No Yes. F	ou stored property Fill in the details. Storage Facility Street	in a storage ur	Who else has or had access to it Name Number Street	Pescribe the c		it? ☐No
Have you No Yes. F	ou stored property Fill in the details. Storage Facility Street	in a storage ur	Who else has or had access to it Name Number Street	Pescribe the c		it? ☐No
Have you No Yes. F	ou stored property Fill in the details. Storage Facility Street	in a storage ur	Who else has or had access to it Name Number Street	Pescribe the c		it? ☐No
Ź No ⊒Yes. F	ou stored property Fill in the details. Storage Facility Street	in a storage ur	Who else has or had access to it Name Number Street	Pescribe the c		it? ☐No

page 9

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 50 of 70

Debtor 1 Debtor 2	Haji Gulbanoo	Bhoy H.	Sharif Sharif	Case number (if kno	own)
	First Name	Middle		· ·	,
Part 9: Ide	entify Propert	y You Hold	or Control for Someone Else		
23. Do you h	nold or control any	property that	someone else owns? Include any prop	perty you borrowed from, are storing for, or he	old in trust for someone.
✓No					
☐ Yes. Fi	II in the details.				
			Where is the property?	Describe the property	Value
			, and a property of		
Owner's Na	ame		Number Street	_	
Number	Street				
			City State ZIP Code	 _	
-			City State ZIP Code	•	
City	State	ZIP Code			
Part 10: G	Give Details Ab	out Enviror	nmental Information		
For the purp	oose of Part 10, th	e following de	efinitions apply:		
or mater	rial into the air, land			ng pollution, contamination, releases of hazardo cluding statutes or regulations controlling the cle	
•	or material.	oilití or proport	try as defined under any environmental la	w whether you now own energies or utilize it or u	upod to own operate or utilize it
	g disposal sites.	icility, or proper	ly as defined under any environmentariav	v, whether you now own, operate, or utilize it or u	ised to own, operate, or dillize it,
	ous material means nant, or similar terr		nvironmental law defines as a hazardous	waste, hazardous substance, toxic substance, h	azardous material, pollutant,
Report all no	otices, releases, a	nd proceeding	gs that you know about, regardless of w	hen they occurred.	
24. Has any	governmental un	it notified you	that you may be liable or potentially lia	ble under or in violation of an environmental	law?
√ No					
☐ Yes. Fi	ll in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
Name of sit	te		Governmental unit		
Number	Street		Number Street		
			City State ZIP Code		
City	State	ZIP Code			
Oily	Oluic	Zii Gode			
25. Have you	u notified any gov	ernmental uni	it of any release of hazardous material?	•	
✓No					
☐ Yes. Fi	ll in the details.				
Official Form 1	07		Statement of Financial Affairs for In	ndividuals Filing for Bankruptcy	page 10

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 51 of 70

tor 2	Gulbanoo	Bhoy H.	Sharif Sharif		Case number (if kn	own)
	First Name	Middle	Name Last Na	me		
			Governmental unit	Env	ironmental law, if you know it	Date of notice
N	54					
Name of si	ite		Governmental unit			
Number	Street		Number Street			
			City State	ZIP Code		
City	State Z	IP Code				
. Have yo √ 1No	ou been a party in any	/ judicial or a	administrative proceedir	ng under any environ	mental law? Include settlements and c	orders.
Yes. F	ill in the details.					
			Court or agency	Nat	ure of the case	Status of the case
Case title	•		Occurd Name			☐Pending
			Court Name			
						On appeal
			Number Street			☐Concluded
Case numl	ber		Number Street City State	ZIP Code		
7. Within 4 A A A A A	Give Details About years before you file a sole proprietor or self a member of a limited I partner in a partnersh an officer, director, or nown owner of at least 5% one of the above applies	ed for bankr f-employed in diability composition hip nanaging extended of the votin es. Go to Par	City State usiness or Connecti uptcy, did you own a bus n a trade, profession, or o pany (LLC) or limited liabil ecutive of a corporation ag or equity securities of a	ons to Any Busin siness or have any of other activity, either full lity partnership (LLP) corporation	the following connections to any busi	☐Concluded
7. Within 4 A A A A A	Give Details About years before you file a sole proprietor or self a member of a limited I partner in a partnersh an officer, director, or nown owner of at least 5% one of the above applies	ed for bankr f-employed in diability composition hip nanaging extended of the votin es. Go to Par	City State usiness or Connecti uptcy, did you own a bus n a trade, profession, or o pany (LLC) or limited liabil ecutive of a corporation g or equity securities of a	ons to Any Busin siness or have any of other activity, either full lity partnership (LLP) corporation	the following connections to any busi time or part-time Employer Identification n	ness?
7. Within 4 A A A A A	Give Details About years before you file a sole proprietor or self a member of a limited I partner in a partnersh an officer, director, or nown owner of at least 5% one of the above applies	ed for bankr f-employed in diability composition hip nanaging extended of the votin es. Go to Par	City State usiness or Connecti uptcy, did you own a bus n a trade, profession, or o pany (LLC) or limited liabil ecutive of a corporation ng or equity securities of a t 12. the details below for each	ons to Any Busin siness or have any of other activity, either full lity partnership (LLP) corporation	the following connections to any busi time or part-time Employer Identification in Do not include Social Sec	ness?
7. Within 4 A A A A A Yes. C	Give Details About years before you file a sole proprietor or self a member of a limited I partner in a partnersh an officer, director, or nown owner of at least 5% one of the above applies	ed for bankr f-employed in diability composition hip nanaging extended of the votin es. Go to Par	City State usiness or Connecti uptcy, did you own a bus n a trade, profession, or o cany (LLC) or limited liabil ecutive of a corporation ng or equity securities of a t 12. the details below for each Describe the nature of	ons to Any Busin siness or have any of other activity, either full lity partnership (LLP) corporation in business.	the following connections to any busing time or part-time Employer Identification in Do not include Social Sec	ness?
7. Within 4	Give Details About years before you file a sole proprietor or self a member of a limited I a partnersh an officer, director, or nowner of at least 5% one of the above applies theck all that apply about 100 per partners and other above applies the content of the above applies	ed for bankr f-employed in diability composition hip nanaging extended of the votin es. Go to Par	City State usiness or Connecti uptcy, did you own a bus n a trade, profession, or o pany (LLC) or limited liabil ecutive of a corporation ng or equity securities of a t 12. the details below for each	ons to Any Busin siness or have any of other activity, either full lity partnership (LLP) corporation in business.	the following connections to any busi time or part-time Employer Identification in Do not include Social Sec	ness?

Case 19-31335-bjh7 Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 52 of 70

	Case 19-3	5_500 Sj 500			3
ebtor 1	Haji	Bhoy	Sharif	_	
btor 2	Gulbanoo First Name	H. Middle Name	Sharif Last Name	Case number (if kn	own)
8. Within 2 or other par ✓ No		filed for bankruptcy, did	l you give a financial state	ment to anyone about your business? Include a	II financial institutions, creditors,
Yes. F	ill in the details bel	OW.			
		Date is	ssued		
Name		MM / DD	/YYYY		
Number	Street				
City	State	ZIP Code			
art 12: S	Sign Below				
have read orrect. I ur	the answers on th nderstand that ma n fines up to \$250,	king a false statement, c 000, or imprisonment for	concealing property, or ob	nents, and I declare under penalty of perjury that taining money or property by fraud in connectio 8 U.S.C. §§ 152, 1341, 1519, and 3571.	
have read orrect. I ur an result ir	the answers on the nderstand that man fines up to \$250,	king a false statement, c 000, or imprisonment for aji Bhoy Sharif	concealing property, or ob r up to 20 years, or both. 18	taining money or property by fraud in connectio 8 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gulbanoo H. Sharif	
have read correct. I ur can result in	the answers on th nderstand that ma n fines up to \$250,	king a false statement, c 000, or imprisonment for aji Bhoy Sharif	concealing property, or ob r up to 20 years, or both. 18	taining money or property by fraud in connectio 8 U.S.C. §§ 152, 1341, 1519, and 3571.	
I have read correct. I ur can result in Signa	the answers on the inderstand that man fines up to \$250, /s/ Hature of Haji Bhoy \$ 04/17/2019	king a false statement, o 000, or imprisonment for aji Bhoy Sharif Sharif, Debtor 1	concealing property, or obrup to 20 years, or both. 18 X Signatu	taining money or property by fraud in connectio 8 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gulbanoo H. Sharif are of Gulbanoo H. Sharif, Debtor 2	n with a bankruptcy case
have read correct. I ur can result in Signal Date Did you atta	the answers on the derstand that man fines up to \$250, /s/ Hature of Haji Bhoy \$ 04/17/2019 ach additional page	king a false statement, o 000, or imprisonment for aji Bhoy Sharif Sharif, Debtor 1 ues to your Statement of	concealing property, or obrup to 20 years, or both. 18 X Signatu	taining money or property by fraud in connection 8 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gulbanoo H. Sharif are of Gulbanoo H. Sharif, Debtor 2 4/17/2019 viduals Filing for Bankruptcy (Official Form 107)	n with a bankruptcy case

Fill in this information	to identify your case:			7/19 16	0.06.46	Page 54 01 70
Debtor 1	_ Најі	Bhoy	Sharif			
	First Name	Middle Name	Last Name			
Debtor 2	Gulbanoo	Н.	Sharif			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankri	uptcy Court for the:		lorthern District of Texas			
Case number (if known)						Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

For any creditor	s that you listed in Part 1 of Schedule D: Cred	litors Who Have Claims Secured by Property (Official F	Form 106D), fill in the information bel
Identify the cree	ditor and the property that is collateral	What do you intend to do with the property that sidebt?	secures a Did you claim the property exempt on Schedule C?
Creditor's name:	Chase Mortgage	Surrender the property.Retain the property and redeem it.	☐ No ☑ Yes
Description of property	448 Hayden Drive Lewisville, TX 75067	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:		Retain the property and [explain]:	

Case;:19-31335-bih7, Doc 1 Fileds 04/17/19 Entered 04/17/19 16:06:46 Page 55 of 70

 maji-c c-ccc.		Smarri - 17 - 2 - 1101 - Car		. ago oo o o
Gulbanoo	H.	Sharif	Case number (i	if known)
First Name	Middle Name	Last Name	,	,

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information
below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired persona
property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
Lessor's name:	☐ No
Description of leased	☐ Yes
property:	
art 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any is subject to an unexpired lease.	property of my estate that secures a debt and any personal property that
/s/ Haji Bhoy Sharif	/s/ Gulbanoo H. Sharif
Signature of Debtor 1 Signature of	Debtor 2
Date <u>04/17/2019</u> Date <u>04/17/2</u>	2019
MM/ DD/ YYYY	DD/ YYYY

B2030 (Form 2030)(12/15)

United States Bankruptcy Court Northern District of Texas

III I			O 11		
	arif, Haji Bhoy				
	arif, Gulbanoo H.		Chapter	7	_
De	btor(s)				
	DISCLOSUI	RE OF COMPENSATION OF ATTORNEY FO	OR DEBTOR	₹	
1.	compensation paid to me within one ye	d. Bankr. P. 2016(b), I certify that I am the attor ear before the filing of the petition in bankrupto the debtor(s) in contemplation of or in connecti	cy, or agreed	d to be paid to	me, for services
	For legal services, I have agreed	to accept	\$	2,000.00	
	Prior to the filing of this statemen	nt I have received	\$	2,000.00	
	Balance Due			\$0.00	
2.	The source of the compensation to be p	paid to me was:			
	•	Other (specify)			
3.	The source of compensation to be paid	to me is:			
	☑ Debtor	Other (specify)			
4.	☑ I have not agreed to share the above of my law firm.	ve-disclosed compensation with any other person	on unless the	ey are membe	rs and associates
	=	isclosed compensation with another person or part, together with a list of the names of the peopl			
5.	a. Analysis of the debtor's financial	have agreed to render legal service for all aspe			
	bankruptcy; b. Preparation and filing of any petition	on, schedules, statements of affairs and plan wh	iah may ha i	oguirod:	
	, , , , , , , , , , , , , , , , , , , ,	meeting of creditors and confirmation hearing,	•	•	s thereof:
_				g	oo. oo.,
6.	By agreement with the debtor(s), the ac	pove-disclosed fee does not include the following	g services:		
		CERTIFICATION			
		going is a complete statement of any agreemer esentation of the debtor(s) in this bankruptcy pro	-	ment for	
	04/17/2019	/s/ David Shuster			
	Date	Signature of Attorney			
		Shuster Law, PLLC			
		Name of law firm			

FIII	in this information to	o identify your case:							. , _	122A-1Supp:	conly as	allected in thi	s form and in Form
D	ebtor 1	Haji First Name	Bhoy Middle Name		harif st Name					1. There is	no presu	mption of abu	ise.
	ebtor 2	Gulbanoo	Н.		harif								a presumption of Chapter 7 Means
	Spouse, if filing)	First Name	Middle Name		st Name	- f T						fficial Form 1	•
	nited States Bankrup	otcy Court for the:		Nortne	ern District	OT IE	exas			☐3. The Mea	ns Test o	does not apply	now because of
_	ase number known)		_										uld apply later.
Of	ficial Form	122A-1								☐ Check if th	is is an a	mended filing]
Cł	napter 7 S	Statement	of Your	Cu	rrent	Mo	onthly	Inc	con	ne			12/15
sepa num milit	arate sheet to this fonber (if known). If yo tary service, comple	curate as possible. If to commodified the line is to be believe that you are the and file Statement of Your Current Mo	number to which e exempted from of Exemption from	the ad a pres	lditional info sumption of	orma abu	ation applies se because	. On the you do	e top o	of any additiona ave primarily co	al pages onsume	, write your n r debts or be	ame and case cause of qualifying
1.	What is your mari	ital and filing status?	Check one only.										
		ill out Column A, lines											
	_	our spouse is filing wit our spouse is NOT filir					es 2-11.						
		ne same household a	-	-	-		th Column A	and B, I	lines 2	-11.			
	Living sepa	arately or are legally s perjury that you and yo easons that do not incl	eparated. Fill out	t Colum gally sep	nn A, lines 2 parated unde	-11; d er no	do not fill out nbankruptcy	Column law that	B. By applie	checking this bo			g
	101(10A). For exact during the 6 months	ge monthly income the cample, if you are filing of ths, add the income for in the same rental prop	on September 15, r all 6 months and	, the 6-r I divide	month period the total by 6	d wor 6. Fill	uld be March in the result.	1 throu Do not	gh Aug includ	gust 31. If the an e any income ar	nount of mount m	your monthly ore than once	income varied . For example, if
									Colui Debt			nn B or 2 or filing spouse	•
2.	Your gross wages, payroll deductions).	, salary, tips, bonuses,	, overtime, and c	ommis	sions (befo	re al	I			\$5,596.87		\$0.	00
3.	Alimony and main spouse.	tenance payments if	Column B is fille	d in. Do	o not include	рауі	ments from a			\$0.00	_	\$0.	00
4.	All amounts from a dependents, incluan unmarried partner	any source which are iding child support. In er, members of your hour intributions from a spound on line 3.	nclude regular co ousehold, your dep	ntributio pendent	ons from ts, parents, a	and r	oommates.	our		\$0.00		\$0.	00
5.	_	operating a business,	profession, or										
	farm				Debtor 1		Debtor 2						
	Gross receipts (bef	fore all deductions)		-	\$0.00		\$0.00						
	Ordinary and neces	ssary operating expens	ses	-	\$0.00	_	\$0.00						
	Net monthly income	e from a business, prof	fession, or farm	_	\$0.00		\$0.00	Copy here —	·	\$0.00	_	\$0.	00
6.	Net income from r	rental and other real p	property	I	Debtor 1		Debtor 2						
	Gross receipts (bef	fore all deductions)		_	\$0.00		\$0.00						
	Ordinary and neces	ssary operating expens	ses		\$0.00	-	\$0.00						
	Net monthly income	e from rental or other re	eal property	_	\$0.00		\$0.00	Copy here —	→	\$0.00		\$0.	.00
	7. Interest, divid	lends, and royalties						-		\$0.00		\$0.	00

otor 2			Sharif		- Case nun	nber (if known)	
	First Name N	liddle Name	Last Name		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.	Unemployment compensation				\$0.00	\$0.00	
	Do not enter the amount if you conte	end that the amou	nt received was a bei	nefit under			
	the Social Security Act. Instead, lis	it here:		\downarrow			
	For you			\$0.00			
	For your spouse		-	\$995.86			
9.	Pension or retirement income. Do under the Social Security Act.	o not include any a	amount received that	was a benefit	\$0.00	\$0.00	
10.	Income from all other sources r Do not include any benefits receiv as a victim of a war crime, a crime terrorism. If necessary, list other s	ed under the Soci against humanity	al Security Act or pay , or international or o	ments received domestic			
Tota	l amounts from separate pages, if a	ny.			+	+	
11.	Calculate your total current mor column. Then add the total for Col			or each	\$5,596.87	+ \$0.00	= \$5,596.87 Total current
	Determine Wheelman the A	10000 Took A	anlias ta Vari				
	Determine Whether the M	-					
	late your current monthly income	•	·				^-
2a.	Copy your total current monthly inco	ome from line 11				Copy line 11 here →	\$5,596.87
	Multiply by 12 (the number of month	hs in a year).					x 12
2b.	The result is your annual income for	r this part of the f	orm.			12b.	\$67,162.44
Calcu	late the median family income that	nt applies to you.	Follow these steps:				
ill in	the state in which you live.	Te	exas				
	the number of people in your house						
						Г	^
o fin	the median family income for your s d a list of applicable median income ctions for this form. This list may als	amounts, go onli	ne using the link spe	cified in the separat	e	13. <u>L</u>	\$65,429.00
low	do the lines compare?						
	Line 12b is less than or equal to li Go to Part 3.						
	☑ Line 12b is more than line 13. On 3 and fill out Form 122A–2.	the top of page 1	check box 2, <i>The pr</i>	esumption of abuse	is determined by Form 12	22A-2. Go to Part	
rt 3	Sign Below						
Ву	signing here, I declare under penalt	y of perjury that th	ne information on this	statement and in a	ny attachments is true an	d correct.	
X	/s/ Haji Bhoy Sharif			X /s/ Gu	ılbanoo H. Sharif		
	Signature of Debtor 1			Signa	ture of Debtor 2		
	Date			Date _	04/17/2019 MM/DD/YYYY		
lf v	ou checked line 14a, do NOT fill ou	or file Form 122	\−2 .				
	ou checked line 14b, fill out Form 12						

Fill i	in this information	to identify your case:	'l-7 D 4 E'	04/47/40		7/19 1	Check the appropriate box 42:	as directed in lines 40 or
De	ebtor 1	Haji First Name	Bhoy Middle Name	Sharif Last Name			According to the calculation Statement:	ns required by this
	ebtor 2 bouse, if filing)	Gulbanoo First Name	H. Middle Name	Sharif Last Name			✓1. There is no presumpt	on of abuse.
		uptcy Court for the:		Last Name Northern District of	Texas		2. There is a presumption	n of abuse.
	ise number	apidy countries the		Diotriot Of				
	known)						Check if this is an amen	ded filing
Off	ficial Forn	n 122A-2						
 Ch	apter 7	Means Te	st Calcul	ation				04/19
					f Your Current Monthly	Income	(Official Form 122A-1).	
sepa numl	rate sheet to this ber (if known).		e number to which				or being accurate. If more sp ny additional pages, write yo	
1.	Copy your tota	I current monthly inc	ome	Copy line 11 fr	om Official From 122A-	1 here →	·	\$5,596.87
2.	Did you fill out	Column B in Part 1 o	of Form 122A-1?					
	☐ No. Fill in \$0	for the total on line 3.						
	Yes. Is your	spouse filing with you?	?					
	☐No. Go	to line 3.						
	√ Yes. Fill	in \$0 for the total on I	ine 3.					
3.		rrent monthly income dependents. Follow the		y part of your spous	e's income not used to	pay for t	the household expenses	
	expenses of you	or your dependents?	, was any amount o	f the income you repo	orted for your spouse NO	T regular	ly used for the household	
	_	for the total on line 3.						
		e information below:						
	State eac	h purpose for which	the income was us	ed	Fill in the amount yo	u		
	For exam	ple, the income is used eople other than you o	I to pay your spouse		are subtracting from your spouse's incom			
	-				+			
	Total				\$0	0.00 C	copy total here→	\$0.00
4.	Adjust your cu	rrent monthly incom	e. Subtract the total	on line 3 from line 1.				\$5,596.87

Case, 19-31335-bih7, Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 60 of 70

ı ıujı	wiley .	Onan	<u> </u>
Gulbanoo	H.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	Case Harriser (II Milowit)

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

\$52.00

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$1,202.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$52.00
- 7b. Number of people who are under 65 X 1
- 7c. Subtotal. Multiply line 7a by line 7b. _____\$52.00 Copy here →

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$114.00
- 7e. Number of people who are 65 or older X 1
- 7f. Subtotal. Multiply line 7d by line 7e. \$114.00 Copy here \rightarrow + \$114.00

__ \$166.00

Case 19-31335-bih 7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 61 of 70

Gulbanoo	Н.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	- Case Harrison (II kinowin)

Le	ocal Standards	You must use the IRS	Local Standards to	answer the questions in li	nes 8-15.			
	Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:							
■ Ho	ousing and utiliti	es – Insurance and ope	rating expenses					
■ Ho	ousing and utiliti	es – Mortgage or rent	expenses					
	to answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link pecified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.							
8.				es: Using the number of po kpenses				\$604.00
9.	Housing and u	tilities – Mortgage or re	nt expenses:					
		number of people you en mortgage or rent expens		the dollar amount listed fo	r your	\$1,479.00		
	9b. Total avera	ge monthly payment for a	all mortgages and o	ther debts secured by your	home.			
	contractual	e the total average month ly due to each secured o Then divide by 60.						
	Name of	the creditor		Average monthly payment				
	Chase Mo	ortgage		\$651.00)			
					-			
				+	-			
		Total average month	ly payment	\$651.00	$\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$	\$651.00	Repeat this amount on line 33a.	
	9c. Net mortgag	ge or rent expense.						
		e 9b (<i>total average month</i> e). If this amount is less t	,	ne 9a (mortgage or		\$828.00	Copy here →	\$828.00
10.	the calculation Explain			he IRS Local Standard fo tional amount you claim.	r housing is ir	ncorrect and affect	s	\$0.00
	why:							
11.	O. Go to lin	ne 14.	k the number of vel	hicles for which you claim a	an ownership ol	roperating expense		
12.				ds and the number of vehic or metropolitan statistical a		ou claim the operati	ng expenses, fill	\$504.00

Case 19-31335-bib 7, Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 62 of 70

Gulbanoo	H.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	Case Harriser (II known)

Vehicle 1	Describe Vehicle 1:				
	Describe verificie 1.				
3a. Owners	hip or leasing costs using IRS Local Sta	andard			
3b. Average	monthly payment for all debts secured b	by Vehicle 1.			
Do not i	nclude costs for leased vehicles.				
all amou	late the average monthly payment here a unts that are contractually due to each se nonths after you filed for bankruptcy. Ther	ecured creditor in			
Name	of each creditor for Vehicle 1	Average monthly payment			
		+	_	Repeat this	
	Total average monthly payme	ent	Copy here →	amount on line 33b.	
Ro Net Vel	nicle 1 ownership or lease expense			Copy net	
	t line 13b from line 13a. If this amount is	less than \$0, enter \$0	. 	Vehicle 1 expense	
				here→	
Vehicle 2	Describe Vehicle 2:				
3d. Owners 3e. Average	hip or leasing costs using IRS Local State monthly payment for all debts secured by	andard			
3d. Owners	hip or leasing costs using IRS Local Sta	andard			
3d. Owners 3e. Average Do not i	hip or leasing costs using IRS Local State monthly payment for all debts secured by	andard			
3d. Owners 3e. Average Do not i	hip or leasing costs using IRS Local State monthly payment for all debts secured but notices.	andardoy Vehicle 2. Average monthly			
3d. Owners 3e. Average Do not i	hip or leasing costs using IRS Local State monthly payment for all debts secured but notices.	andardoy Vehicle 2. Average monthly		Repeat this	
3d. Owners 3e. Average Do not i	hip or leasing costs using IRS Local State monthly payment for all debts secured but notices.	Average monthly payment			
3d. Owners 3e. Average Do not i	hip or leasing costs using IRS Local State monthly payment for all debts secured be include costs for leased vehicles. of each creditor for Vehicle 2	Average monthly payment		Repeat this amount on line 33c. Copy net	
3d. Owners 3e. Average Do not i Name	hip or leasing costs using IRS Local State monthly payment for all debts secured by include costs for leased vehicles. of each creditor for Vehicle 2 Total average monthly payments	Average monthly payment +		Repeat this amount on line 33c.	
3d. Owners 3e. Average Do not i Name	hip or leasing costs using IRS Local State monthly payment for all debts secured by include costs for leased vehicles. of each creditor for Vehicle 2 Total average monthly paymenticle 2 ownership or lease expense	Average monthly payment +		Repeat this amount on line 33c. Copy net Vehicle 2	
3d. Owners 3e. Average Do not i Name 3f. Net Veh Subtract	hip or leasing costs using IRS Local State monthly payment for all debts secured by include costs for leased vehicles. of each creditor for Vehicle 2 Total average monthly paymenticle 2 ownership or lease expense	Average monthly payment + than \$0, enter \$0	Copy here →	Repeat this amount on line 33c. Copy net Vehicle 2 expense here→	

Case, 19-31335-bih7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 63 of 70

Gulbanoo H. Sharif Case number (if known) ______

	ther Necessary xpenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	\$744.82
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$0.00
18.	Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$727.80
20.	Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or	\$0.00
	 for your physically or mentally challenged dependent child if no public education is available for similar services. 	
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.	\$0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	\$0.00
23.	Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	+ \$0.00
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$4,776.62

Case 19-31335-bih 7, Doc 1 Filed 17/19 Entered 04/17/19 16:06:46 Page 64 of 70

Gulbanoo	Н.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	- Case Harriser (II known)

		hese are additional deductions allote: Do not include any expense	•		
25.		lity insurance, and health saving ings accounts that are reasonably	-	thly expenses for health insurance, disability use, or your dependents.	
	Health insurance		\$393.90		
	Disability insurance				
	Health savings account	4	÷ \$53.85		
	Total		\$455.03	Copy total here →	\$455.03
	Do you actually spend this	total amount?			
	☐ No. How much do you ☑ Yes	actually spend?			
26.	reasonable and necessary	y care and support of an elderly, c	hronically ill, or disabled member	onthly expenses that you will continue to pay for the of your household or member of your immediate or an account of a qualified ABLE program. 26	\$0.00
27.		y violence. The reasonably neces Prevention and Services Act or c		ncur to maintain the safety of you and your family	\$0.00
	By law, the court must kee	p the nature of these expenses co	onfidential.		
28.	Additional home energy of	osts. Your home energy costs are	e included in your insurance and	operating expenses on line 8.	
	If you believe that you have amount of home energy cos		than the home energy costs inclu	uded in expenses on line 8, then fill in the excess	\$0.00
	You must give your case true necessary.	stee documentation of your actua	l expenses, and you must show the	hat the additional amount claimed is reasonable and	
29.		ependent children who are you who are younger than 18 years o		nses (not more than \$170.83* per child) that you pay ementary or secondary school.	\$0.00
	You must give your case true necessary and not already		expenses, and you must explain	why the amount claimed is reasonable and	
	* Subject to adjustment on 4	4/01/22, and every 3 years after th	at for cases begun on or after the	e date of adjustment.	
30.				clothing expenses are higher than the combined an 5% of the food and clothing allowances in the IRS	\$0.00
	To find a chart showing the may also be available at the		go online using the link specified	in the separate instructions for this form. This chart	
	You must show that the add	ditional amount claimed is reasona	able and necessary.		
31.	•	ntributions. The amount that you 126 U.S.C. § 170(c)(1)-(2).	u will continue to contribute in the	e form of cash or financial instruments to a religious +	\$0.00
32.	Add all of the additional e Add lines 25 through 31.	xpense deductions.			\$455.03

Debtor	1
Debtor	2

Case 19-31335-bib7, Doc 1 Filed 04/17/19 Entered 04/17/19 16:06:46 Page 65 of 70

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Gulbanoo	H.	Sharif	Case number (if known)
First Name	Middle Name	Last Name	Case Hamber (II Known)

Dec	luctions for Debt Payment						
3.	For debts that are secured by an interessecured debt, fill in lines 33a through 33	st in property that you own, including hon	ne mor	tgages, vehicle	loans, and other		
	To calculate the total average monthly pay months after you file for bankruptcy. Then o						
	, , ,	•			verage monthly bayment		
	Mortgages on your home				•		
	33a. Copy line 9b here		\rightarrow		\$651.00		
	Loans on your first two vehicles						
	33b. Copy line 13b here		\rightarrow		\$0.00		
	33c. Copy line 13e here		\rightarrow		\$0.00		
	33d. List other secured debts:						
	Name of each creditor for other secured debt	Identify property that secures the de	ebt	Does payment include taxes or insurance?			
				☐ No ☐ Yes			
				☐ No ☐ Yes			
				☐ No ☐ Yes			
	33a Total average monthly navment Ad	d lines 33a through 33d			\$651.00	Copy total here→	\$651.00
4.	• ,, ,	ecured by your primary residence, a vehic		ther property ne	cessary for your su	pport or the	
	■ No. Go to line 35.						
	Yes. State any amount that you must pa	ay to a creditor, in addition to the payments list, divide by 60 and fill in the information below		ine 33, to keep po	ossession of your		
		lentify property that Total cu ecures the debt amount			Monthly cure		
				÷ 60 =			
				÷ 60 =			
				÷ 60 =	+		
				Total	\$0.00	Copy total	\$0.00
5.		a priority tax, child support, or alimony—your bankruptcy case? 11 U.S.C. § 507.				here→	
	No. Go to line 36.	your bankruptcy case? IT 0.3.6. § 507.					
	_	ese priority claims. Do not include current or	ongoir	ng priority claims,	such as those you		
	Total amount of all past-due prior	rity claims				÷ 60 =	

Debto	or 2	Gulbanoo	Н.	Sharif		Case number (if known)
		First Name	Middle Name	Last Name		
36.	For more information, go online using the link for <i>Bankruptcy Basics</i> specified in the separate instructions for this form. <i>Bankruptcy Basics</i> may also be available at the bankruptcy clerk's off					
	√ No.	Go to line 37.				
	Yes. Fill in the following information.					
		Projected monthly pl	an payment if you were filing	g under Chapter 13		
		Administrative Office	your district as stated on the of the United States Courty the Executive Office for U	s (for districts in Alaba		х
			ct multipliers that includes y separate instructions for this ruptcy clerk's office.			
		Average monthly add	ministrative expense if you v	vere filing under Chap	ter 13	Copy total here →
37.		of the deductions for es 33e through 36	debt payment.			\$651.00
Tot	al Deduc	ctions from Income				
38.	Add all	of the allowed deducti	ons.			
		ine 24, All of the expens	ses allowed under IRS	. —	\$4,776.62	
	Copy li	ine 32, <i>All of the addition</i>	nal expense deductions		\$455.03	
	Copy li	ine 37, <i>All of the deducti</i>	ons for debt payment	+	\$651.00	
	Copy line 37, All of the deductions for debt payment + \$651.00					9
			Total de	ductions	\$5,882.65	Copy total here → \$5,882.65
Danie	2. D.	townsing NA/Is otherwise	There is a Decourable	an af Alausa		
			There Is a Presumpti	on or Abuse		
	39a.	Copy line 4, adjusted of	current monthly income		\$5,596.87	
	39b.	Copy line 38, Total dec	ductions		\$5,882.65	
	39c.	Monthly disposable inc Subtract line 39b from	come. 11 U.S.C. § 707(b)(2 line 39a.		(\$285.78)	Copy here → (\$285.78)
		For the next 60 month	s (5 years)			x 60
	39d.	Total . Multiply line 390	by 60			(\$17,146.80) Copy here
40.		line 39d is less than \$8	resumption of abuse. Che ,175.00*. On the top of page			is no presumption of abuse. Go
			13,650.00*. On the top of pan special circumstances. T		ck box 2, There	re is a presumption of abuse. You
	□The	line 39d is at least \$8,1	75.00*, but not more than	\$13,650.00*. Go to line	e 41.	
	* Sul	bject to adjustment on 4	/01/22, and every 3 years a	fter that for cases filed	on or after the	e date of adjustment

Debtor 1 Debtor 2		Caşe _{ji} 19-3133 Gulbanoo	35-bjh Ју Doc 1 F н.	iled _{Sharf} 17/19 Sharif	Entered 04/		L9 16:06:46 Page 67 of 70 Case number (if known)				
		First Name	Middle Name	Last Name		Case Hamber ()					
41.	41a.	Summary of Your Asse	rour total nonpriority ur ets and Liabilities and Cer), you may refer to line 3b	tain Statistical Informa	tion Schedules	x .25					
	41b.	25% of your total non Multiply line 41a by 0.29	priority unsecured deb	t. 11 U.S.C. § 707(b)(2)(A)(i)(I).		Copy here →				
42.	Detern	nine whether the incon ugh to pay 25% of you	ne you have left over aft r unsecured, nonpriorit	ter subtracting all allo y debt.	owed deductions		noio /				
	Check	ck the box that applies:									
		e 39d is less than line 4 to Part 5.	39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. o Part 5.								
		e 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption buse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.									
Part	4: G	ive Details about S	Special Circumstan	ces							
		Go to part 5. Fill in the following include expenses y You must give a de reasonable. You m	S.C. § 707(b)(2)(B). information. All figures sl you listed in line 25. stailed explanation of the sust also give your case tr	nould reflect your aver special circumstances ustee documentation o	age monthly expense	e or income adjustment for e es or income adjustments n es or income adjustments.	each item. You may ecessary and				
		Give a detailed e	explanation of the special	al circumstances		Average mor or income ad	nthly expense djustment				
Part		gn Below signing here, I declare ur	nder penalty of perjury tha	at the information on th	is statement and in a	ny attachments is true and o	correct.				
	v				V						
	X	Signature of Debtor 1	/s/ Haji Bhoy Sharif		XSignatu	/s/ Gulbanoo	H. Sharif	_			
		Organization of Debitor 1			Signatu	IC OI DEDIOI 2					
DateMM/DD/YYYY					DateMM/DD/YYYY						

Case 19-31335-bjh7 Doc 1 โก่ โดย เมลา ฮีโละ โรกโซาเตน เมลา ปี 16:06:46 Page 68 of 70 Northern district of texas dallas division

IN RE: Sharif, Haji Bhoy Sharif, Gulbanoo H. CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

		VERIF	ICATION OF CREDITOR MAIRIX	
The a	bove named Debtor	hereby verifies that the attached	list of creditors is true and correct to the best of his/her knowledge	1_
Date	04/17/2019	Signature	/s/ Haji Bhoy Sharif Haji Bhoy Sharif, Debtor	
Date	04/17/2019	Signature	/s/ Gulbanoo H. Sharif Gulbanoo H. Sharif, Joint Debtor	

Amex

Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998-1540

Capital One

Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Cavalry Portfolio Services

ATTN: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595

Chase Card Services

Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850

Chase Mortgage

Mail Code: OH4-7302 PO Box 24696 Columbus, OH 43224-0696

Costco Go Anywhere Citicard

Citicorp Credit Services/Centralized
Bankruptcy
PO Box 790040
St. Louis, MO 64195

Debt Management Servicing Center-DMSC Birmingham Office PO Box 83079 Birmingham , AL 35283

Discover Financial

Attn: Bankruptcy Department PO Box 15316 Wilmington, DE 19850-5316

Frost Bank Po Box 1600

San Antonio, TX 78296

Nelnet

Attn: Claims PO Box 82505 Lincoln, NE 68501-2505

NPAS

PO BOX 99400 Louisville, KY 40269

Regions Bankcard

Attn: Bankruptcy PO Box 830590 Birmingham, AL 35288

Synchrony Bank/Walmart

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Wells Fargo Bank

Attn: Bankruptcy Dept PO Box 6429 Greenville, SC 29606

Wells Fargo Bank Ia N

Attn: Bankruptcy Dept PO Box 6429 Greenville, SC 29606